

over the years. We need the basic academics, and we do need parental involvement and responsibility. I think all of us are aware that parents are often out of the house more because of the need for income, jobs, matters like that, but the bottom line is that we need to get parents as involved as we possibly can.

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We have been working very hard in order to get that done, and we have been providing the funding for this, and I think that is a significant point that needs to be made.

There are a lot of areas we have been involved in: the Charter School Expansion Act; some real opportunities to educate differently, perhaps better; prohibiting new Federal taxes, for example; dealing with the Teacher Empowerment Act and the Student Result Act. These are all areas of building for education for young people across America.

But there are other areas as well, and some are not necessarily connected to what Republicans do. One is called Head Start. Head Start is a very significant program that helps young people who may need a particular start in education to get up to the starting line equal. I like to believe that every kid in kindergarten at the age of 5 is going to be equal at that point if we can possibly help with that.

And Republicans have been leading the way over the last few years with Head Start. Funding for this program has expanded by 106 percent since 1995. That is a tremendous increase. That is a real commitment, to take all of those children who may come from families or circumstances where they need some extra help and provide that extra help to them.

At the same time, we are talking again about quality and not just quantity, and we are saying that those people who are in these Head Start programs, that is teaching and running them, should have the background to do that. Hopefully, they will be teachers or people on their way to a teaching degree so that they will have the advantages of knowing exactly how they can handle children. So we are working on that. And now half the people teaching in Head Start have a college degree. There is a balance, I think, between quality and expansion, which is going on here; and we think that is important as well.

We think quality child care is important also. A great sum of money has been spent with respect to the area of helping with our children. Again, children are the future. Children are a precious commodity that we have to pay a great deal of attention to as Members of the Congress of the United States of America.

Literacy is also important. And under the tutelage of the gentleman

from Pennsylvania (Mr. GOODLING), the retiring but extraordinarily talented chairman of the Committee on Education and the Workforce, we have also addressed these issues. So there are many, many things which we have done with respect to education for which the Republican Party may take credit, as well as some Democrats may take credit.

The bottom line is that we care a great deal about education. We have funded education and we want to make sure all those children have every opportunity possible.

#### PRESCRIPTION DRUG COVERAGE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Michigan (Ms. STABENOW) is recognized for 5 minutes.

Ms. STABENOW. Mr. Speaker, on April 12, I led an hour of debate on the topic of prescription drug coverage for senior citizens. I read three letters from around the state from seniors who shared their personal stories. On the 12th, I made a commitment to continue to read a different letter every week until the House enacts reform. That was five months ago. Although the House passed a prescription drug bill this summer, I believe it will not help most seniors. So, I will continue to submit letters until Congress enacts a real Medicare prescription drug benefit. This week, I will submit a letter from Virginia Langell of Chippewa Lake, Michigan.

At most, there are only three weeks left for Congress to enact a meaningful prescription drug benefit. It is critical that we do so before Congress adjourns.

This week, Newsweek magazine has devoted its cover story to the issue of prescription drugs. It is the same story that I have been sharing on the House floor since April. Seniors are paying too much for their prescription drugs.

According to Newsweek, the cost of prescription drugs is rising at an alarming rate, at least twice as fast as the rate of inflation. As a result of these increases, pharmaceutical companies are the most profitable in the nation, with an 18.6 percent profit margin in 1999.

The issue of Newsweek also clarifies that the most visible and loudest opponent of creating a Medical prescription drug benefit, the "Citizens for Better Medicare," a so-called grass-roots organization, is funded primarily by the pharmaceutical industry. In fact, the industry has spent an estimated \$65 million on television advertising to persuade senior citizens that a prescription drug benefit is not in their best interest.

Well, I disagree. I have met with too many seniors, read too many letters, visited with too many families in Michigan who are struggling to buy the prescriptions they need. Too many are forced to make a decision between their prescription medication or buying food or heating their homes. We cannot and should not wait one more day. Congress must enact a voluntary, defined Medicare prescription drug benefit plan.

Following is a letter from Virginia Langell.

DEAR CONGRESSWOMAN DEBBIE STABENOW: here are my receipts for 1998. Also, I would like to have you take a look at these two drugs that jumped up in the past few months:

Furosemide: [from] \$7.59 [to] \$8.79—a jump of \$1.20

Adalat: [from] \$73.99 [to] \$82.99—a jump of \$9.00

The prices are ridiculous. It's about time something is done for the seniors.

I live on Social Security. I get \$735.00 a month. I have 5 prescriptions filled every month, also eye drop prescriptions every two or three months.

It costs me \$135.00 to \$150.00 every month just for drug prescriptions. I would like to see the law makers in Washington live on this kind of income. I have no co-pay for drug prescriptions and also there are the "over-the-counter[s]" like aspirin, Ben Gay, etc.

I hope you can fight for us and see what can be done.

Yours truly,

VIRGINIA LANGELL.

Assuming that Ms. Langell pays \$135/mo for her medication, she pays a total of \$1,620.00 per year.

Under the Democratic plan, she would save: \$611.25.

Under the Republican plan, she would only save: \$385.00.

In other words, Virginia would save more with the Democratic plan: \$226.25.

That is the difference between eating two or three meals a day. That is the cost of heating a small home during the coldest winter months. That is the difference between being able to fill your car with gasoline for trips to and from the doctor's office. It is clear that we must enact a real prescription drug plan now.

#### BALANCED BUDGET REFINEMENT BILL

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Massachusetts (Mr. MCGOVERN) is recognized for 5 minutes.

Mr. MCGOVERN. Mr. Speaker, I rise today to talk about the Balanced Budget Act of 1997, or BBA, and the efforts in this body to provide some relief through another Balanced Budget Refinement Bill.

I voted against the Balanced Budget Act of 1997 because it was designed to cut \$116 billion from Medicare. I believed these cuts were too drastic and would severely harm our health care delivery system. Unfortunately, I was right. Three years later, the Congressional Budget Office has projected that Medicare will be cut by more than \$250 billion, more than double what was originally expected.

Our hospitals, medical device companies, nursing homes, health centers, and home health agencies all need relief from these drastic cuts. That is why I am here today advocating for a comprehensive and significant BBA relief package.

A BBA package will help the teaching hospitals throughout the country,

like the University of Massachusetts Medical Center, located in my district. A BBA package will help HMOs stay in Medicare+Choice. We know that HMOs are pulling out of Medicare+Choice because they cannot afford to treat Medicare patients with the reimbursement levels currently set in the BBA.

While I support BBA relief for teaching hospitals and nursing homes, as well as efforts to keep HMOs participating in Medicare+Choice, I want to focus on three areas that are not receiving the attention they deserve in discussions on the Balanced Budget Act refinement package. Specifically, I want to talk about medical devices, health centers and rural clinics, and last, but not least, home health care.

First, I want to express my support for H.R. 4395, the Medicare Patient Access to Technology Act. This bill will help speed the delivery of new medical technologies to Medicare beneficiaries and health care providers.

Mr. Speaker, medical devices and other technologies must undergo a rigorous review at the Food and Drug Administration before that medical technology is made available. This process is followed by a review of the Health Care Financing Administration, or HCFA, before it is finally approved for reimbursement under the Medicare program. However, HCFA can take up to 4 years to approve coverage, assign the product a code, and establish a payment level. This lengthy process denies our seniors access to devices, therapies and products that effectively treat disease, improve the quality of life and, indeed, save lives.

H.R. 4395 provides reforms to make these technologies available safely and quickly so that Medicare recipients will have the access and the latest medical technologies, and I urge their inclusion in any BBA relief package.

Second, I want to express my strong support for H.R. 2341, the Safety Net Preservation Act. This bill ensures that community health centers and rural health clinics can continue to provide health care services to uninsured Americans who have nowhere else to turn for the care they need.

There are more than 44 million people in this country who do not have health insurance and millions more are underinsured. Community health centers and rural health clinics are the safety net for these people; yet these centers cannot survive if they are forced to operate under fiscal deficits.

H.R. 2341 allows organizations like the Great Brook Valley Health Center and the Family Health Center in Worcester, Massachusetts, to continue doing the good work they are doing today.

Finally, I want to express my strong support for home health care and for H.R. 5163, the Home Health Care Refinement Amendments of 2000. I introduced this bill, along with the gen-

tleman from Pennsylvania (Mr. PETERSON) and others because the home health industry has been decimated by the Balanced Budget Act. Instead of being cut by \$15 billion, as was intended in 1997, home health care has been cut by \$69 billion over 5 years. And next year home health care spending will be cut by another 15 percent. This has to stop.

My bill will eliminate this unnecessary and dangerous cut, as well as provide relief for the most costly patients and for rural providers. My bill also changes the billing procedure for non-routine medical supplies and opens the door for telemedicine.

Last week, I sat down with the chief White House health care policy advisor. We agreed that home health care deserves relief and that it is a priority in the upcoming BBA relief bill. I trust he will fight for home health care, and I urge my colleagues to join me in supporting this legislation as the comprehensive home health care BBA relief package.

Mr. Speaker, providing Medicare relief from the BBA is vital. The proposals currently advocated by the majority and the administration are inadequate. We must provide at the very least \$40 billion over 5 years to address the needs of medical devices, community health centers and home health care, as well as many other more well-known areas, like teaching hospitals, Medicare+Choice, and nursing homes.

I urge everyone to work to provide a comprehensive and significant relief that is absolutely necessary this year. We cannot adjourn from this Congress without addressing the issue of the Balanced Budget Act cuts in Medicare. We can do much better. Our constituents are counting on us. I hope that we are all up to the challenge.

#### VICE PRESIDENT SHOULD STICK TO FACTS WHEN CAMPAIGNING

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Mr. FOLEY) is recognized for 5 minutes.

Mr. FOLEY. Mr. Speaker, the Vice President last week in my home State in Tallahassee decided that he needed to make an example of the high cost of prescription drugs. The Vice President used statistics compiled by the Democratic National Committee relative to cost for either human consumption or animal consumption. But the Vice President did not just stop there. He decided to embellish the story. It has been in all the major papers. He decided to create a story about his mother-in-law and his pet. He went on to describe how they are taking arthritis medication for their conditions and how the disparity of price between what the dog takes and what the mother-in-law takes was so startling and so outrageous.

Now, of course, in Florida we have a lot of seniors. In fact, I am probably the seventh oldest Medicare district in America. So when it comes to prescription drugs, a subject I know something about that we have been working on in the Committee on Ways and Means, I take strong offense to the fact that he would not only create false statements and mislead the public, not only embellish the story, but create it out of sheer nonsense. And so my seniors, who are waiting for some relief from the high cost of prescription drugs, scratched their heads and wondered why somebody who has been in office so long would not just stick to the facts. Why would they have to create stories involving their own family?

During the same week, the Vice President was saying that we need medical privacy; that the United States Congress should strive to make certain that every person's medical record is protected; that they cannot be exposed to public scrutiny; that they cannot be used against them. But we might want to ask him a little more about that privacy issue before we release any of our details to the government, because he seems to relate a lot of private medical information for the sheer sake of politics. His mother-in-law now has all her neighbors knowing what medications she takes. She may or may not have agreed to that release; we just do not know. We do not even know if she takes the medication to this date. They have not been forthcoming with the facts.

I think the Vice President owes the American public an explanation. Does his dog take the medication? Do the Federal taxpayers pay for his dog's medication? Does Mrs. Gore or the Vice President drive to the veterinarian and get the prescription or is it supplied by somebody there at the Naval Observatory?

We have also heard over the recent weeks about his condemnation of Hollywood and the movie industry. Yet just last night he is there saying to everybody, "Don't worry, I am only making statements. I don't want to alarm you. I still want your campaign contributions. I still want to be your friend, but I am going to blast you in public and make sinners of all of you." He takes the money; throws darts. Takes the money; makes accusations.

"I created the Internet." That was a statement he made a few weeks ago, or a few months ago. He discovered Love Canal; he was the subject of Love Story. Yet today he is virtually absent when we are talking about high energy prices.

We talked about the soccer moms in the 1996 election and how important they are. And I hope they will all reflect when they fill up their Chrysler minivans or SUVs that the cost of fuel is now about \$1.75, the highest it has been in 10 years, and certainly the